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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

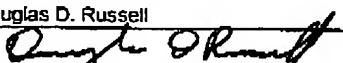
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/707017
		Filing Date	Nov 14, 2003
		First Named Inventor	Zrubek, Michael
		Art Unit	2171
		Examiner Name	
Total Number of Pages in This Submission	6	Attorney Docket Number	800725

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks		

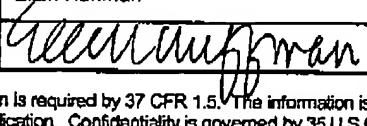
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Taylor Russell & Russell, P.C. Douglas D. Russell	
Signature		
Date	June 11, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.P. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Ellen Huffman	
Signature		Date
	June 14, 2004	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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06/17/2004 JBA/INN 00000090 10207017

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 65.

Complete if Known

Application Number	10/707017
Filing Date	11/14/2003
First Named Inventor	Zrubek, et al.
Examiner Name	
Art Unit	2171
Attorney Docket No.	800725

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account

Deposit Account Number

Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65 Surcharge - late filing fee or oath	65
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130 Non-English specification	
1812	2,520	1812	2,520 For filing a request for ex parte reexamination	
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251	110	2251	55 Extension for reply within first month	
1252	420	2252	210 Extension for reply within second month	
1253	950	2253	475 Extension for reply within third month	
1254	1,480	2254	740 Extension for reply within fourth month	
1255	2,010	2255	1,005 Extension for reply within fifth month	
1401	330	2401	165 Notice of Appeal	
1402	330	2402	165 Filing a brief in support of an appeal	
1403	290	2403	145 Request for oral hearing	
1451	1,510	1451	1,510 Petition to institute a public use proceeding	
1452	110	2452	55 Petition to revive - unavoidable	
1453	1,330	2453	665 Petition to revive - unintentional	
1501	1,330	2501	665 Utility issue fee (or reissue)	
1502	480	2502	240 Design issue fee	
1503	640	2503	320 Plant issue fee	
1460	130	1460	130 Petitions to the Commissioner	
1807	50	1807	50 Processing fee under 37 CFR 1.17(a)	
1806	180	1806	180 Submission of Information Disclosure Stmt	
8021	40	8021	40 Recording each patent assignment per property (times number of properties)	
1809	770	2809	385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385 For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385 Request for Continued Examination (RCE)	
1802	900	1802	900 Request for expedited examination of a design application	

SUBTOTAL (1) (\$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20**	X	=
Multiple Dependent	-3**	X	=

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0

** or number previously paid, # greater. For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 65.

SUBMITTED BY

Name (Print/Type)	Douglas D. Russell	Registration No. (Attorney/Agent)	40152	Telephone	512-338-4601
Signature				Date	Jun 1, 2004

Complete if applicable

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Intellectual Property Attorneys and Counselors at Law

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OFFICIAL

To: Mail Stop Amendment
Commissioner for Patents **From:** Douglas D. Russell

Fax: 703-872-9306 **Date:** 6/14/2004

Re: U.S. Patent Application No. 10/707017
Filing Date: November 14, 2003
Inventor: Zrubek
Attorney Docket No. 800725

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Enclosed please find signed Declaration for subject patent application.